

DIRECT PURCHASE INSURANCE PROPOSAL FORM



TOKIO MARINE
INSURANCE GROUP

FOR OFFICE USE ONLY	SUBMISSION CHECKLIST
TMLS Agency Code : 01999999 Receipt No. : Payment Received Date :	Please attach the following documents to your application: <ul style="list-style-type: none"> • Copy of Identification Document • Proof of Address dated within last 6 months (if your Residential Address is not reflected on or different from your Identification Document) • Signed Policy Illustration, Product Summary, Direct Purchase Fact Sheet & Checklist • Copy of medical reports or test results (if applicable)

PROPOSALS SIGNED IN SINGAPORE

WARNING: PURSUANT TO SECTION 23(5) OF THE INSURANCE ACT 1966 (2020 REVISED EDITION) (OR ANY SUBSEQUENT AMENDMENTS THEREOF), YOU ARE TO DISCLOSE IN THIS PROPOSAL FORM, FULLY AND FAITHFULLY, ALL THE FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE YOU MAY RECEIVE NOTHING FROM THE POLICY.

PLEASE COMPLETE FULLY IN BLOCK LETTERS AND INK.

Tick boxes (✓) as appropriate and delete at (*) accordingly.
Any amendments would require the signature of the Proposer.

Backdate

PERSONAL PARTICULARS OF PROPOSER ¹			
Full name as shown on NRIC / Passport (<i>Please underline surname or last name</i>): * Mr / Mrs / Mdm / Miss / Dr		Nationality: <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR <input type="checkbox"/> Others, please specify:	
NRIC / Passport No. ² :	Age Next Birthday:	Date of Birth (dd/mm/yyyy):	Contact Numbers (<i>at least 1 contact number is required</i>): Mobile ³ : (.....) Country Code:
Country of Birth:	Country of Residence:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	Email Address ³ :		Home : (.....) Country Code:
Residential Address (<i>please submit a proof of address issued within the last 6 months if different from address reflected on NRIC</i>): Postal Code:		Mailing Address (<i>please complete if different from residential address</i>): Postal Code:	
For existing policyholder (with Tokio Marine Life Insurance Singapore Ltd.): Do you wish to update the above address(es) for all your other policy(ies)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Occupation:	Annual Income (S\$):	Exact Nature of Work:	Name of Company / School:
Business Address (<i>for employed applicant only</i>): Postal Code:	Nature of Business: <input type="checkbox"/> Banking / Finance <input type="checkbox"/> Travel / Hospitality <input type="checkbox"/> Retail / F&B <input type="checkbox"/> Oil & Gas <input type="checkbox"/> Government <input type="checkbox"/> Manufacturing <input type="checkbox"/> Building / Construction / Real Estate <input type="checkbox"/> Art and Antiques <input type="checkbox"/> IT / Communications <input type="checkbox"/> Charities / Non-profit Organisation <input type="checkbox"/> Commodities / Precious Metals & Stones <input type="checkbox"/> Money Services Business <input type="checkbox"/> Casino / Other gaming or gambling operations <input type="checkbox"/> Others, please specify:		

¹ Proposer must be age next birthday 19 and above.

² If you have any existing policy(ies) with TMLS under a different NRIC / passport number, we may at our discretion update our internal records of such policy(ies) using the NRIC / passport number you provide in this proposal.

³ Mobile No. and Email Address are mandatory for all plans.

DETAILS OF PLAN AND RIDERS APPLIED FOR	
Basic Plan Name	Sum Assured (\$)
Riders (if any)	
¹ This amount corresponds to the chosen Premium Payment Mode.	Total Premium ¹



DETAILS OF PAYMENT

PREMIUM PAYMENT MODE	<input type="checkbox"/> Annual <input type="checkbox"/> Half-yearly <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly (<i>Subsequent premium payment by GIRO¹ / Credit Card only</i>)
INITIAL PREMIUM PAYMENT METHOD	<input type="checkbox"/> Internet Banking / PayNow / AXS <input type="checkbox"/> Credit Card <input type="checkbox"/> Cheque / Cashier's Order ²
SUBSEQUENT PREMIUM PAYMENT METHOD	<input type="checkbox"/> GIRO ¹ <input type="checkbox"/> Cheque / Cashier's Order ² <input type="checkbox"/> Credit Card ³ (with 1.6% Credit Card Charge)
¹ Please complete the attached Application Form for Interbank Giro (with wet ink signature) and mail it to us using the attached Business Reply Envelope (BRE). ² Cheque / Cashier's Order should be made payable to TMLS, with your name and NRIC / Passport No. indicated on the reverse side of the cheque / Cashier's Order. ³ A Credit Card Charge of 1.6% of the premium amount is applicable for each subsequent premium paid via credit card.	

DETAILS OF PAYER

Note:

- Payer refers to the person paying the premium by cash, cheque, cashier's order, credit card and GIRO application.
- If Proposer is not the payer or there are different drawers (for cheque, cashier's order and GIRO application), please provide the payer's details below and a copy of the third party payer's NRIC/Passport or Evidence of Incorporation (for entities) may be required for verification.

Is the Proposer the Payer? Yes No (please provide the payer's details below)

Full name of Payer as shown on NRIC / Passport or Full Legal name (for entities):	Relationship to Proposer: <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Others, please specify: _____		
Payer's NRIC / Passport No. or Registration No. / Unique Entity No. (for entities):	<table border="1"> <tr> <td>Payer's Annual Income (S\$):</td> <td>Reason for paying the premium for the Proposer:</td> </tr> </table>	Payer's Annual Income (S\$):	Reason for paying the premium for the Proposer:
Payer's Annual Income (S\$):	Reason for paying the premium for the Proposer:		

SOURCE OF PREMIUM

<input type="checkbox"/> Savings	<input type="checkbox"/> Employment/trade income	<input type="checkbox"/> Inheritance and gift	<input type="checkbox"/> Sales of property or company assets
<input type="checkbox"/> Maturity proceeds	<input type="checkbox"/> Withdrawal of CPF money	<input type="checkbox"/> Investments (Shares, Bonds, Unit trusts and so on)	
<input type="checkbox"/> For TMLS Maturity Proceeds, Policy No: _____		<input type="checkbox"/> Others, please specify: _____	

DECLARATION / REPLACEMENT OF EXISTING INSURANCE COVERAGE

1. Do you have any existing policy(ies)? If Yes, please provide details of your total existing insurance coverage (including proposals pending approval from other company(ies)).					<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Insurer	Sum Assured (\$)			Annual Premium (\$)	Year Issued
	Life	Total and Permanent Disability	Critical Illness		

2. Is this application to replace or intended to replace any of the existing life insurance policy(ies)? If Yes, please provide full details of the policy(ies) to be replaced.					<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Company	Policy No.	Type of Policy	Sum Assured (\$)	Year Issued	

Warning: It is usually disadvantageous to replace an existing life insurance policy with a new one.

Before replacing one policy with another, you should find out whether you are entitled to free switching and consider carefully whether any fees, charges or disadvantages that may arise from a replacement will outweigh any potential benefits. Some of these disadvantages may include additional fees and charges, incur penalties and the new policy may cost more or have fewer benefits at the same cost. Also, the new policy may be less or not suitable for you as you may not be insurable at standard terms and the new policy terms may be different.

In your own interest, we advise that you consult your present insurer(s) before making your decision.

ELECTRONIC RECEIPT OF POLICY DOCUMENT

You will receive your policy document electronically.

We will inform you (the Proposer) via email notification when your policy document is ready for viewing online via our TMLS Policyholder Portal. This is not applicable for corporate-owned policy.

Please tick here if you wish to receive your policy document in hardcopy.

HEALTH DECLARATION

Note:

- All questions must be answered.
- "N.A." will not be accepted as an answer. Please indicate "NIL" for no information.

SECTION A	Proposer
1. Please state your current height and weight.	Height: _____ cm Weight: _____ kg
2. Do you have a regular doctor? If Yes, please provide the following details:	<input type="checkbox"/> Yes <input type="checkbox"/> No
(i) Name and Address of clinic:	
(ii) Date of last consultation:	
(iii) Reason for consultation:	
(iv) Results of consultation:	

SECTION B: QUESTIONS ON GENETIC TESTING	Proposer	
	Yes	No
Note:		
1. You are <u>not</u> required to disclose the result of any Genetic Test done in the context of biomedical research ¹ . In the event of a disclosure of a Genetic Test result from biomedical research, we will not use the results for risk assessment.		
For Singapore Residents (Singapore Citizens / Permanent Residents / Residents on Valid Passes) Please answer the following question(s) where applicable:		
If the total sum assured ² of your Life or Total and Permanent Disability Cover exceeds S\$2,000,000.		
1. Have you undergone a Predictive Genetic Test ³ for Huntington's Disease? If yes, please provide a copy of the result.	<input type="checkbox"/>	<input type="checkbox"/>
If the total sum assured ² of your Critical Illness Cover exceeds S\$500,000.		
2. Have you undergone a Predictive Genetic Test ³ for Huntington's Disease or Breast Cancer (BRCA1 or BRCA2)? If yes, please provide a copy of the result.	<input type="checkbox"/>	<input type="checkbox"/>
For Non-Singapore Residents Please answer the following question:		
3. Have you undergone any Genetic Test? If yes, please provide a copy of the result(s).	<input type="checkbox"/>	<input type="checkbox"/>

¹ Biomedical research refers to any systematic investigation with the intention of developing or contributing to generalizable knowledge, regardless of where or when the research was conducted or the nature of the research.

² Total Sum Assured includes your new application, concurrent or pending application(s) and all existing policies with Tokio Marine Life Insurance Singapore Ltd and any other insurance company/companies in Singapore.

³ Predictive Genetic Test predicts a future risk of disease in individuals without symptoms or signs of a genetic disorder.

SECTION C	Proposer	
	Yes	No
1. Have you ever had or been told you had or been treated for:		
a. epilepsy, fits, stroke, paralysis, weakness of limb, prolonged headache, unconsciousness, nervous breakdown, depression, dementia, Parkinson's Disease, multiple sclerosis or any other nervous/mental/brain disorders?	<input type="checkbox"/>	<input type="checkbox"/>
b. diabetes, thyroid disorders or any other endocrine disorders?	<input type="checkbox"/>	<input type="checkbox"/>
c. ear discharge, nose bleeds, double vision, impaired sight, hearing or speech or any other disorders of ear, eye, nose or throat?	<input type="checkbox"/>	<input type="checkbox"/>
d. asthma, persistent cough, coughing with blood, pneumonia, tuberculosis, chest or breathing complaints/discomfort or any other lung disorders?	<input type="checkbox"/>	<input type="checkbox"/>
e. raised cholesterol, high blood pressure, heart attack, heart murmur, mitral valve prolapse or other heart valve disorders, breathlessness, irregular or fast heart rate, chest discomfort or pain, disease of or any other disorders of the heart or blood vessels?	<input type="checkbox"/>	<input type="checkbox"/>
f. gastritis, stomach or duodenal ulcer, blood in stools, fistula, piles or any other stomach or bowel disorders?	<input type="checkbox"/>	<input type="checkbox"/>
g. jaundice, hepatitis B or any form of hepatitis, liver disorder or gall bladder disorder?	<input type="checkbox"/>	<input type="checkbox"/>
h. blood, protein or sugar in urine, kidney stones, infection or any other disorders of the kidney, bladder or genital organs?	<input type="checkbox"/>	<input type="checkbox"/>

HEALTH DECLARATION *(continued)*

SECTION C <i>(continued)</i>				Proposer	
				Yes	No
1. i. slipped disc, gout, arthritis, pain or deformity or disorders of the muscles, spine, limbs or joints or severe injury, Motor Neuron Disease or other musculoskeletal disorders?				<input type="checkbox"/>	<input type="checkbox"/>
j. cancer, tumours, cyst or growths of any kind?				<input type="checkbox"/>	<input type="checkbox"/>
k. anaemia, any other disorders of the blood, advice to abstain from donating blood or any transfusion of blood or blood products on account of haemophilia or any other reason?				<input type="checkbox"/>	<input type="checkbox"/>
l. any other illness, disorder, operation, physical disability or accident not mentioned above?				<input type="checkbox"/>	<input type="checkbox"/>
2. In the past 5 years, have you had any surgical operation, hospital admission or had any test done such as X-ray, ultrasound, CT scan, biopsy, electrocardiogram (ECG), blood or urine test? If Yes, please give details of date, type of test, reason for undergoing such test and the test results.				<input type="checkbox"/>	<input type="checkbox"/>
3. Have you or your spouse been told to have, received any medical advice, counselling or treatment in connection with sexually transmitted disease, AIDS, AIDS Related Complex or any other AIDS related conditions?				<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever had HIV testing done (please state reason and results) or in the last 3 months had any of the following symptoms for more than one week continuously: fatigue, weight loss, diarrhoea, enlarged nodes or unusual skin lesions?				<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever taken addictive drugs/narcotics or been treated for alcoholism or drug addiction? If yes, please complete the alcohol consumption questionnaire or drugs questionnaire.				<input type="checkbox"/>	<input type="checkbox"/>
6. Have you:					
a. any intention of engaging in aviation or aeronautics in any form other than as a fare-paying passenger on an established airline?				<input type="checkbox"/>	<input type="checkbox"/>
b. any intention of entering into Naval, Aviation or Military Service or taking up any other hazardous business, occupation or sport?				<input type="checkbox"/>	<input type="checkbox"/>
7. Has any of your proposal for or reinstatement of Life, Health, Critical Illness, Accidental or Disability Insurance ever been declined, postponed or accepted on special terms?				<input type="checkbox"/>	<input type="checkbox"/>
8. Have you smoked during/within the past 12 months? If Yes, please state:				<input type="checkbox"/>	<input type="checkbox"/>
No. of years smoked:					
No. of sticks per day:					
9. Do you consume alcohol? If Yes, what is the average total number of standard alcoholic drinks do you drink per week ? (1 standard alcoholic drink equates to 330 ml of beer, 125 ml glass of wine or 30 ml cup of spirits)				<input type="checkbox"/>	<input type="checkbox"/>
Average number per week:					
10. a. In the last 12 months, have you spent more than 180 days outside your current country of residence? If Yes, please provide details below:				<input type="checkbox"/>	<input type="checkbox"/>
Name of Countries and Cities			Frequency of Travel	Duration or Length of Each Stay	Purpose of Each Stay
10. b. In the next 12 months, do you intend to spend more than 180 days outside your current country of residence? If Yes, please provide details below:				<input type="checkbox"/>	<input type="checkbox"/>
Name of Countries and Cities			Frequency of Travel	Duration or Length of Each Stay	Purpose of Each Stay
11. Have any of your natural parents or siblings died or suffered from Alzheimer's disease, Cancers, Diabetes, Cardiomyopathy, Stroke, Heart disease, High blood pressure, Huntington's disease, Polycystic Kidney disease or other kidney disease, Mental disorder, Motor Neuron disease, Multiple Sclerosis, Parkinson's diseases, or any hereditary disease? If Yes, please provide details:				<input type="checkbox"/>	<input type="checkbox"/>
Relationship to Life Assured (Spouse)	Medical Condition / Cause Of Death (If cancer, to specify the type of cancer)		Age At Onset	Age At Death (if deceased)	

HEALTH DECLARATION (continued)

SECTION C (continued)	Proposer	
	Yes	No
12. For Female Applicant only:		
a. Have you suffered from or are you aware of any breast lumps or any other disorders of your breasts?	<input type="checkbox"/>	<input type="checkbox"/>
b. Have you suffered from irregular or painful or unusually heavy menstruation, fibroids, cysts or any other disorders of the female organs?	<input type="checkbox"/>	<input type="checkbox"/>
c. Have you ever had any abnormal pap smear test or been told by any doctor to have a repeat pap smear within the next six months?	<input type="checkbox"/>	<input type="checkbox"/>
d. Have you been advised to have a mammogram, biopsy, operation of the breasts, ultrasound of the pelvis or any other gynaecological investigations.	<input type="checkbox"/>	<input type="checkbox"/>
e. Have you ever had any complications relating to current or previous pregnancy(ies) (eg. Hypertension, gestational diabetes, pre-eclampsia/eclampsia, etc)?	<input type="checkbox"/>	<input type="checkbox"/>
f. Are you now pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
	D	D
	M	M
	Y	Y
If yes, please indicate expected delivery date:		

Note:
 If the answer to any of the questions in **HEALTH DECLARATION** is **YES**, please PROVIDE FULL DETAILS below (where applicable).

- Name of condition and date of diagnosis
- Name and address of each doctor/hospital
- Duration of illness/injury and date of recovery as appropriate
- Nature of tests done, dates, result and reason for tests
- Copy of the above test(s) result(s), if any
- Details of treatment, if any

Please complete the relevant Questionnaires and/or Medical Consent Form.

Qn. No.	Details

CLIENT'S DECLARATION

CONFIRMATION OF RECEIPT OF COMPULSORY DOCUMENTS

I have been given a copy each of:

- (1) Your Guide to Life Insurance;
- (2) Cover Page and Policy Illustration;
- (3) Bundled Product Disclosure (if applicable);
- (4) Product Summary; and
- (5) Direct Purchase Insurance Fact Sheet and Checklist

DECLARATION

I declare that

- (a) to the best of my knowledge and belief the information given by me to Tokio Marine Life Insurance Singapore Ltd. ("**the Company**") and/or its Medical Examiner is true and complete and that no material facts or statements made in the medical examination, questionnaires, other documents, or amendments together with this relevant proposal have been withheld, which is likely to influence the assessment and acceptance of this proposal;
- (b) I am not an undischarged bankrupt and I have committed no act of bankruptcy within the last 12 months; and
- (c) no statutory demand nor bankruptcy petition has been served on me.

I acknowledge

- (d) Singapore's commitment to safeguard its financial system from being used to harbour or launder tax evasion monies or proceeds from serious tax offences. I hereby declare and represent to the Company that I have not been convicted of any tax crimes nor there is any similar or threatened proceedings against me. I shall indemnify and keep the Company harmless against any loss and liability which the Company may incur or sustain in connection with or arising out of my (a) tax crimes, evasions, issues or implications; and/or (b) any aforesaid declaration or representation becomes untrue.

I agree

- (e) that payment of premium before acceptance of this proposal by the Company does not commit the Company to issue the policy I have applied for and the said policy shall not take effect unless and until this proposal has been fully accepted and the full premium has been paid during my life and good health;
- (f) that should I decide to cancel the Policy issued in respect of this proposal within 14 days after the receipt of the Policy document, the amount to be refunded to me shall be all premiums paid less all expenses incurred in underwriting this Policy;
- (g) that should I decide to cancel the Policy issued or withdraw from the Policy, premiums paid through Credit Card Authorisation, refund of premium (if any) will be made to the credit card;
- (h) to inform the Company if there is any change in the state of my health, occupation or activity between the date of this application or medical examination and the issue date of my Policy. On receiving this information, the Company is entitled to accept or reject my application; and
- (i) this proposal and any statements made in Medical Examinations, questionnaires, other documents or amendments together with this relevant proposal shall form the basis of the contract between me and the Company.
- (j) that the Company may send communications in relation to this policy (including policy documents) to my/our email address(es) as provided above.

I authorise

- (k) any medical source, insurance office, or organisation to release to the Company; and
- (l) the Company to release to any medical source, insurance office, or organisation, any relevant information concerning me, at any time irrespective of whether the proposal is incepted by the Company. A Photocopy of this authorisation shall have the same effect as the original.

I/We understand and agree that

- (m) the Company shall not be deemed to provide cover and neither should the Company be liable to pay any claim, provide any benefit under the Policy/relevant Policy or be required to process any request made to the extent that the provision of such cover, payment of such claim, provision of such benefit or processing of such request would expose the Company (or our parent company or holding company (in both instances, whether direct or indirect) or the subsidiaries of our parent or holding company) to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the applicable jurisdiction, the European Union, United Kingdom or United States of America;
- (n) where the Company becomes aware that I/We, the Life Assured or any person or entity connected with the Policy/relevant Policy (see paragraph (o) below) is/are subject to any sanction, prohibition or restriction under such resolutions, trade or economic sanctions, laws or regulations mentioned in paragraph (m), the Company shall be entitled to block and/or terminate the Policy/relevant Policy at any time including but not limited to, making or receiving any payments under the Policy/relevant Policy. The decision of the Company on the aforementioned is final;
- (o) a person or entity connected with the Policy/relevant Policy includes an assignee, a beneficiary, an administrator, a director or direct/indirect shareholder or person having executive authority or natural persons appointed to act on my/our behalf, my/our beneficial owners or beneficiaries' beneficial owners. As an ongoing obligation, I/We will immediately inform the Company if there are any changes to the identities, status/constitution/establishment, particulars and identification documents of these persons.

For Common Reporting Standard

- (a) I/We understand that the information provided by me/us is covered by the full provisions of the terms and conditions governing my/our relationship with TMLS setting out how TMLS may use and share the information provided by me/us.
- (b) I/We acknowledge that the information contained in this form and information about me/us and any Reportable Account(s) may be provided to any relevant tax authority, including IRAS and exchanged with tax authorities of another jurisdiction in which I/We may be resident for tax purposes pursuant to bilateral or multilateral agreements between governments to exchange financial account information.
- (c) I/We undertake to advise TMLS within 30 days of any change in circumstances which affects my/our tax residency status or cause any of the information contained in this form to be inaccurate or incomplete, and to provide TMLS with a suitably updated self certification and Declaration within 90 days of such change in circumstances.
- (d) I/We understand that a statement that is false, misleading or incorrect may be regarded as an offence, therefore may be subject to penalties under relevant law or regulation.

This application is governed by and construed in accordance to the laws of Singapore.

This policy is underwritten by Tokio Marine Life Insurance Singapore Ltd. and will be entered into the register of Singapore policies.

PERSONAL DATA AND MARKETING MATERIALS

I agree and consent that the Company may collect, use, process and disclose the personal data, which includes but is not limited to my name and contact details, as provided by me to the Company through this form, any documents provided by me to the Company from time to time and other sources (including other insurers, financial and medical institutions) as the Company deems appropriate and relevant for the purposes of:

- (a) providing advice or recommendation for insurance products offered by the Company;
- (b) processing, considering and underwriting my insurance application(s) with the Company. It includes on-going due diligence and screening activities (including background checks, anti-money laundering, "know-your-client", creditworthiness, financial and medical conditions, and reviewing whether to continue insuring me or the Life Assured) in accordance with applicable legal and regulatory obligations or the Company's policies;
- (c) administering, servicing (including pre- and post-sales support), managing and maintaining my relationship and policy(ies) with the Company (including the mailing of correspondences to me involving the disclosure of my personal data printed on the external envelopes);
- (d) carrying out the operations and transactions under my policy(ies) including debt recovery, making and obtaining payments;
- (e) processing, investigating and settling the claim under my policy(ies) issued by the Company or other insurers;

PERSONAL DATA AND MARKETING MATERIALS *(continued)*

- (f) tracing, contacting, notifying, and/or otherwise liaising with and verifying the identity of the claimant(s) and/or beneficiary(ies), as the case may be, under my/our policy(ies) in the event of any unclaimed proceeds due under such policy(ies) and to administer, process and settle the payment of such proceeds in accordance with my/our policy(ies);
- (g) carrying out my instructions or responding to my enquiries;
- (h) detecting, preventing or investigating fraud, misconduct, unlawful activity or omission relating to this form, claim or policy(ies) issued by the Company or other insurers, and whether there is any suspicion of the aforementioned;
- (i) storing, hosting, backing up (whether for disaster recover or otherwise) of the personal data whether within or outside Singapore;
- (j) complying with applicable legal and regulatory obligations in managing my relationship and policy(ies) with the Company, including the regulatory and industry association reporting obligations;
- (k) carrying out research, survey and statistical analysis;
- (l) reinsuring arrangement and management;
- (m) quality assurance and training program;
- (n) informing or engaging me for the Company's charity events; and
- (o) sending me/us the marketing, advertising and promotional information about the insurance products, financial or investment products or any other products or services that the Company or any of the Group Companies (defined hereunder) in Singapore is or may be selling or marketing which may be of interest or benefit to me/us, including the update of the same ("**Marketing Materials**") via the following modes of communications, using the contact information provided by me/us from time to time:

Please tick if you wish to **opt-out**: **post** **e-mail**

Please tick if you wish to **opt-in**: **phone call / voice calls** **text messages**

(collectively, the "**Purposes**").

By signing and submitting this proposal form, I/we acknowledge and agree that the above shall supersede and replace any prior marketing consent that I/we had provided to the Company.

I agree and consent that the Company may disclose the personal data to the third parties (whether sited in or outside Singapore) in carrying out one or more of the Purposes and such third parties may use and process the personal data for one or more of the Purposes. The third parties may include but are not limited to:

- (a) my financial advisers, agents, brokers, banks or the Company's distribution intermediaries;
- (b) the Company's head office, regional office, subsidiaries, branches, related corporations and/or any other companies within the group of companies of which the Company forms a part or any company affiliated with the Tokio Marine Insurance Group (collectively, "**Group Companies**");
- (c) auditors, lawyers, service providers or agents who supply services to the Company such as information technology service, data entry and storage, mail distribution, claim assessment and administration, payment, cheque printing, marketing, research, emergency assistance service, medical and professional service;
- (d) reinsurers, other insurers, financial institutions, credit reference agencies and debt collection agencies; and
- (e) governmental/regulatory authorities, industry association, courts, dispute resolution forum (of which have jurisdiction over the Company or its Group Companies) or legal process participants and their advisers.

I acknowledge, declare and agree that:

- (a) the personal data may be withdrawn at any time by giving reasonable notice to the Company;
- (b) if I have withdrawn consent for the Company to collect, use, process and disclose the personal data in relation to my insurance policy(ies), it may affect the Company's ability or prevent the Company from keeping my insurance policy(ies) inforce or supplying the services to me. In such a case, I may be required to surrender or terminate all my policies with the Company upon the withdrawal of such consent and I agree to bear all losses resulting from the same;
- (c) the withdrawal of consent for sending me Marketing Materials will not impact the Company's ability or prevent the Company from keeping my insurance policy(ies) inforce or supplying the services to me. I will give reasonable notice to the Company if I wish to withdraw consent for Marketing Materials or change the communication mode to receive them;
- (d) the Company may collect, use, disclose and/or process the personal data without my consent if permitted under any applicable law;
- (e) I have read, understood and agreed to observe the clauses contained in this form and the Company's Data Protection Policy available at www.tokiomarine.com; and
- (f) my consent provided to the Company in this form shall be applicable to the policy that I am applying for in this form, and also all other existing policies that the Company is liable for.

If a material fact is not disclosed in this proposal, any policy issued may not be valid. If you are in doubt as to whether a fact is material, you are advised to disclose it. Please check to ensure you are fully satisfied with the information declared in this proposal.

NOTE: A DULY-SIGNED PROPOSAL FORM MUST BE SUBMITTED TO THE COMPANY WITHIN 14 DAYS FROM PROPOSAL DATE.

Signed in at Singapore (dd/mm/yyyy) _____

Signature of Proposer¹

Witnessed by:

Signature of TMLS Authorised Officer

Name: _____

Employee Code: _____

¹ Proposer must sign the proposal form in front of TMLS Authorised Officer. Please note that the proposer must submit this proposal form to our Customer Service Center personally.



CLIENT DISCLOSURE CHECKLIST

Tick boxes (✓) as appropriate.

The TMLS Customer Service Officer has explained the following to me:

1. ABOUT THE PRODUCT FEATURES , BENEFITS AND RISKS		
The TMLS Customer Service Officer has taken me through the Product Summary and/or Direct Purchase Insurance Fact Sheet and Checklist and his/her explanation included the following:	Term	Par
Nature and objective of the product	<input type="checkbox"/>	<input type="checkbox"/>
Amount, frequency and period over which I need to make payments	<input type="checkbox"/>	<input type="checkbox"/>
Benefits and Risks of the plan	<input type="checkbox"/>	<input type="checkbox"/>
Warnings, exclusions and disclaimers (i.e. Exclusions, Waiting Period, Early Surrender)	<input type="checkbox"/>	<input type="checkbox"/>
Fees and charges	N.A.	<input type="checkbox"/>
How often I will receive updates and reports on the performance of my investment(s)	N.A.	<input type="checkbox"/>
That past performance is not necessarily indicative of future performance and the value of my investment could go up or down	N.A.	<input type="checkbox"/>

2. ABOUT THE POLICY / BENEFIT ILLUSTRATION		
The TMLS Customer Service Officer has taken me through the policy / benefit illustration and his/her explanation included the following information:	Term	Par
The policy / benefit illustration is just an illustration	<input type="checkbox"/>	<input type="checkbox"/>
Which components are guaranteed and which are not	<input type="checkbox"/>	<input type="checkbox"/>
Distribution costs	<input type="checkbox"/>	<input type="checkbox"/>
That assumptions are used in illustrating the illustrated values	N.A.	<input type="checkbox"/>
Changes in the illustrated investment rate of return would affect illustrated values	N.A.	<input type="checkbox"/>

3. ABOUT THE RIGHTS OF POLICY OWNER		
I know that I should receive a copy of the following and understand the information from the TMLS Customer Service Officer and/or Company	Term	Par
Policy / Benefit Illustration	<input type="checkbox"/>	<input type="checkbox"/>
Your Guide to Life Insurance booklet (www.lia.org.sg)	<input type="checkbox"/>	<input type="checkbox"/>
My right to have a 14-day free-look period	<input type="checkbox"/>	<input type="checkbox"/>
Product Summary (for insurance policies)	<input type="checkbox"/>	<input type="checkbox"/>
Annual Update	N.A.	<input type="checkbox"/>
General terms and conditions of plans and rights of Policy owner	<input type="checkbox"/>	<input type="checkbox"/>
Direct Purchase Insurance Fact Sheet Supplementary Form	<input type="checkbox"/>	<input type="checkbox"/>
Direct Purchase Insurance Fact Sheet and Checklist	<input type="checkbox"/>	<input type="checkbox"/>
Cover Page	<input type="checkbox"/>	<input type="checkbox"/>
Bundled Product Disclosure	<input type="checkbox"/>	<input type="checkbox"/>



Proposal - Others

Client's Signature

Client's Name

Date

Proposal No.:

Attention to: New Business Department



TOKIOMARINE
INSURANCE GROUP

CREDIT CARD AUTHORISATION FORM

Name of Proposer

NRIC / Passport No. of Proposer

Name of Cardholder as shown on credit card

Relationship to Proposer

Full name of Cardholder as shown on NRIC / Passport
(Please underline surname or last name)

NRIC / Passport No. of Cardholder

VISA / MasterCard Credit Card Number

 - - -

Credit Card Expiry Date

 -

M M Y Y Y Y

IMPORTANT NOTES

- Only VISA / MasterCard credit card is acceptable.
- Credit card facility is only applicable for Regular Premium Plans.
- Only the required premium amount (including any applicable premium loading) to incept the policy will be charged to the credit card and such charge will take place after the Company has accepted the above-mentioned proposal.
- For premiums paid through this authorisation, refund of premium (if any) will be made to the credit card.
- For premiums paid in foreign currency, TMLS shall not be liable or responsible for any fluctuations in exchange rate.
- A separate Credit Card Authorisation Form is required for each proposal submitted.
- Interim cover is conditional upon and subject to the terms and conditions set out in the Conditional Interim Cover Certificate ("CICC") (see overleaf).

PERSONAL DATA NOTICE

I/We agree and consent that Tokio Marine Life Insurance Singapore Ltd. may collect, use, process and disclose my/our personal data in accordance with the terms and conditions as stated in the insurance application form and/or the Tokio Marine Insurance Group's Data Protection Policy available at www.tokiomarine.com, which I/we have read, understood and agreed to the same.

I have read the "Important Notes" set out above and agree to be bound by it.

I authorise the Company to charge the required initial premium amount (including any applicable premium loading) from my credit card to effect the policy.

SUBSEQUENT PREMIUMS

Please tick below if you also wish to charge subsequent premiums from your credit card.

- I authorise the Company to charge the required subsequent premiums (including any applicable premium loading and a **Credit Card Charge of 1.6%** of the premium amount for each subsequent premium) from my credit card to continue the policy.

Signature of Cardholder
(as shown on the credit card)

Date (dd-mm-yyyy)



Credit Card Authorization Form

NBZ/FCC/1021/01

Tokio Marine Life Insurance Singapore Ltd. (Company Reg. No. 194800055D)

Singapore: 20 McCallum Street, #07-01 Tokio Marine Centre, Singapore 069046 T: (65) 6592 6100 F: (65) 6223 9120 W: tokiomarine.com

Brunei: Unit 2, 1st Floor, Blk D, Abdul Razak Complex, Gadong, Bandar Seri Begawan BE4119, Brunei Darussalam T: (673) 02-423 755 F: (673) 02-423 754



CONDITIONAL INTERIM COVER CERTIFICATE ("CICC")

The terms and conditions of this CICC apply only where the premium is paid or to be paid by credit card, cheque or through available electronic payment modes.

"**Basic Sum Assured**" refers to the sum assured for the basic benefit applied for, as shown in the Proposal Form, but excludes any riders or supplementary benefits.

"**Injury**" means bodily injury effected directly and independently of all other causes through external, violent and accidental means of which, except in the case of drowning or of internal injury revealed by autopsy, there is evidence of visible contusion or wound on the exterior of the body.

Tokio Marine Life Insurance Singapore Ltd ("**We**") will pay the Basic Sum Assured if the Life to be Assured dies from an injury subject to the terms, conditions and limitations stated below :

- (a) The cover under this CICC (the "**Interim Cover**") commences from the date and time of which we have processed this proposal (the "**Commencement Date**") and ends on the earliest of the following:
- (i) immediately upon the issue of our letter informing you of our decision including whether to accept (conditionally or unconditionally), decline, defer or withdraw the proposal;
 - (ii) at the end of ninety (90) days from the Commencement Date; or
 - (iii) at the end of the period for which the premium paid can cover, based on a pro-rata basis and at standard premium rate. (The period of cover will be as computed by us.)
- (b) This CICC does not cover:-
- (i) death arising from self-inflicted injury, sane or insane;
 - (ii) death occurring while the Life to be Assured was under the influence of any alcohol, narcotic or drug;
 - (iii) death arising from air-borne activity other than travelling as a:
 - (A) pilot; or
 - (B) member of the flight crew; or
 - (C) fare-paying passengeron an aircraft licensed for passenger service and operated by a regular airline on a scheduled routine;
 - (iv) death arising from war, invasion, act of foreign enemy hostilities (whether war be declared or not) civil war, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion or terrorism (For the purposes of this exclusion, terrorism shall be defined as an act of violence or an act dangerous to human life with the intention or effect of influencing any government or of putting the public or any section of the public in fear.);
 - (v) death arising while the Life to be Assured was taking part in racing of any type; and
 - (vi) death arising from murder or assault.
- (c) The maximum sum assured under this CICC and all other conditional interim covered issued by us will not exceed SGD500,000/- sum assured.
- (d) If the premium is to be paid by credit card, it shall be a condition precedent to the Interim Cover that the most recent credit card information (which includes but is not limited to credit card number, credit card expiry date, name of cardholder and cardholder's signature) provided by you and received by us, whether in the Proposal Form, a Credit Card Authorisation Form or otherwise, must at all times during the period from the Commencement Date to the end date of the Interim Cover:
- (i) be (and remain) valid; and
 - (ii) possess a credit limit that is sufficient for the successful deduction of the premium(s) payable under the Proposal Form (if accepted by the Company).
- (e) If the premium is paid by cheque or through other available electronic payment modes (which includes but is not limited to PayNow, AXS, interbank fund transfer), the effective date of CICC is:
- (i) date of receipt of payment in our bank account for payment via electronic payment modes; or
 - (ii) date of receipt of your cheque subject to the cheque being honoured by your bank.
- (f) On a claim arising from a regular premium policy, we will take away from the claim any future instalment premiums which are necessary to make up the full year's *premium, if the amount paid is less than one full year's premium.
- * We will use standard premium rates to compute the premium payable.



Proposal / Policy No. :

APPLICATION FORM FOR INTERBANK GIRO

PART 1: FOR APPLICANT'S COMPLETION

Name of Billing Organisation ("BO"): Date (dd/mm/yyyy):

Name of Proposer / Policy Holder:

NRIC / Passport No. of Proposer / Policy Holder:

To: (Name of Bank)

Bank Account Number:

Bank Account Holder's Name(s):

NRIC / Passport no. of Account Holder(s) (if Account Holder differs from Proposer / Policyholder):

Relationship of Account Holder to Proposer / Policyholder:

- (a) I/We instruct you to process Tokio Marine Life Insurance Singapore Ltd. (TMLS)'s instructions to debit my/our account.
- (b) You are entitled to reject TMLS's debit instruction if my/our account does not have sufficient funds and charge me/us a fee for this. You may also at your discretion allow the debit even if this results in an overdraft on the account and impose charge accordingly.
- (c) This authorisation will remain in force until terminated by your written notice sent to my/our address last known to you, upon receipt of my/our written revocation through TMLS or upon the Bank's receipt of my/our written revocation.

Signature(s)* / Thumbprint(s)# / Company Stamp

* As in Bank's record
For thumbprints, go to any branch of your bank with identification

PART 2: FOR TMLS' COMPLETION

SWIFT	TMLS's Account No.									
DBSSSGSGXXX	0	2	2	0	0	7	1	1	0	6

Proposal / Policy No.:

Client No.:

SWIFT:

Account No. to be Debited:

PART 3: FOR FINANCIAL INSTITUTION'S COMPLETION

To: Tokio Marine Life Insurance Singapore Ltd.

- This Application is **REJECTED** (please tick) for the following reason(s):
- Signature/Thumbprint# differs from Financial Institution's records
 - Signature/Thumbprint# incomplete/unclear#
 - Account operated by signature/thumbprint#
 - Wrong account number
 - Amendments not countersigned by customer
 - Others _____
- # Please delete where inapplicable

Name of Approving Officer:

Date:

Authorised Signature:

DECLARATION

I/We understand and agree that

- (a) Tokio Marine Life Insurance Singapore Ltd (the "Company") shall not be deemed to provide cover and neither should the Company be liable to pay any claim, provide any benefit under the Policy/relevant Policy or be required to process any request made to the extent that the provision of such cover, payment of such claim, provision of such benefit or processing of such request would expose the Company (or its parent company or holding company (in both instances, whether direct or indirect) or the subsidiaries of its parent or holding company) to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the applicable jurisdiction, Singapore, the European Union, United Kingdom or United States of America;
- (b) where the Company becomes aware that I/We, the Life Assured or any person or entity connected with the Policy/relevant Policy (see paragraph (c) below) is/are subject to any sanction, prohibition or restriction under such resolutions, trade or economic sanctions, laws or regulations mentioned in paragraph (a), the Company shall be entitled to block, suspend and/or terminate the Policy/relevant Policy at any time including but not limited to, not making or receiving any payments under the Policy/relevant Policy. The decision of the Company on the aforementioned is final; and
- (c) a person or entity connected with the Policy/relevant Policy includes an assignee, a beneficiary, a trustee, an executor, an administrator, a director or direct/indirect shareholder or person having executive authority or natural persons appointed to act on my/our behalf, for my/our beneficial owners or beneficiaries' beneficial owners. As an ongoing obligation, I/We will immediately inform the Company if there are any changes to the identities, status/constitution/establishment, particulars and identification documents of these persons.



GIRO Form

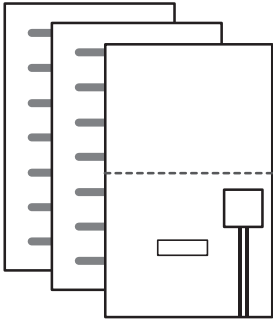
PERSONAL DATA NOTICE

I/We agree and consent that Tokio Marine Life Insurance Singapore Ltd. may collect, use, process and disclose my/our personal data in accordance with the terms and conditions as stated in the insurance application form and/or the Tokio Marine Insurance Group's Data Protection Policy available at www.tokiomarine.com, which I/we have read, understood and agreed to the same.

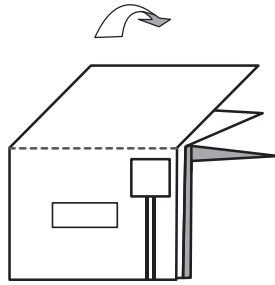
IMPORTANT NOTES

1. The Application Form For Interbank GIRO will instruct your bank to make automatic deductions from your account for payment of premiums under the life policy.
2. Please complete the application form and sign it in the usual way as you would sign on your bank account before returning it to Tokio Marine Life Insurance Singapore Ltd..
3. As the GIRO system will normally **take 2 months to be effective**, you are required to make an initial payment of at least 2 months' premiums by cash or cheque if you have selected the monthly mode of payment. If your proposal form for a new policy is to be backdated to a certain date, additional payment of premiums to cover the backdated period is required.
4. The first deduction will be made on the **15th** of the month in which payment is due. If the first deduction is unsuccessful, a second attempt will be made on the **5th** of the following month. If there are insufficient funds, this GIRO instruction will be cancelled. **Please ask your bank about charges for unsuccessful deductions.**
5. If the deduction date happens to fall on a public holiday, the deduction will take place on the previous or next working day.
6. If you wish to discontinue payment through the GIRO system, please advise us in writing by giving **1 month's notice** before the next deduction date.
7. GIRO can only be applied for regular premium policies denominated in Singapore dollars.
8. GIRO is NOT applicable for foreign currency denominated policies and policies purchased under CPF Investment Scheme and Supplementary Retirement Scheme.
9. For more information, please contact our Customer Service Officers at 6592 6100.

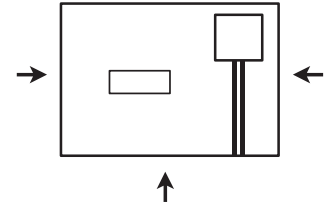
How to use the Business Reply Envelope (BRE)



a. Fold along dotted lines.



b. Insert documents into business reply folder, folding inwards.



c. Seal along edges of folder with clear tape (do not staple). Drop sealed folder into post box.

Note:

Please make sure you have completed the application form and enclose the necessary supporting documents.

fold here



TOKIO MARINE
INSURANCE GROUP

Postage will be paid by addressee.
For posting in Singapore only.

**BUSINESS REPLY SERVICE
PERMIT NO. 02612**



Tokio Marine Life Insurance Singapore Ltd.

(Company Reg. No.: 194800055D)
20 McCallum Street
#07-01 Tokio Marine Centre
Singapore 069046

Seal here with clear tape

Seal here with clear tape

